DOCUMENT RESUME

ED 294 649 PS 017 127

AUTHOR Lefstein, Leah
TITLE A Portrait of Young Adolescents in the 1980's.
INSTITUTION North Carolina Univ., Chapel Hill. Center for Early Adolescence.
PUB DATE 30 Sep 86
NOTE 28p.; Paper presented at the Lilly Endowment Leadership Education Conference, "Building Leadership For Youth: A Shared Vision" (Indianapolis, IN, September 30, 1986).
AVAILABLE FROM Center for Early Adolescence, 223 Carr Mill Mall, Carrboro, NC 27510 ($2.50).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS *Adolescents; Cognitive Development; Emotional Development; *High Risk Persons; Human Resources; *Individual Development; Individual Needs; Physical Development; *Poverty; Research Needs; Self Esteem; Social Development; *Social Problems; Talent
IDENTIFIERS *Group Characteristics

ABSTRACT

Research findings are reported which depict characteristics and conditions of young adolescents in the 1980s. Discussion begins with an overview of what is known about the physical, socioemotional, and cognitive growth of young adolescents. It is argued that: (1) adults perpetuate many myths about teenagers; (2) adolescence is no more pathological a time than middle or old age; (3) the capacities and new talents of young adolescents are not used in their communities; (4) young teenagers are not overly influenced by peers in their development of long-term values; and (5) adults must recognize that a difference exists between the emergence of formal operational thinking in youth and the ability of the young adolescent to apply such thinking skills in every situation. While the young need adults and want their support, the myth that youths are to be feared and are not to be trusted continues. Concluding remarks focus on problems of adolescents, including mortality among infants born to teen mothers, teenage motherhood and poverty and school dropout rates, negative attitudes of dropouts toward school and their successes in special programs outside their regular classrooms, single parent working mothers, extended day school programs, adolescents' use of leisure time, substance abuse, the abuse of adolescents, and the increasing numbers of the young born and raised in poverty. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED294649

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

A PORTRAIT OF YOUNG ADOLESCENTS IN THE 1980's

by

Leah Lefstein
Center for Early Adolescence

Prepared For

Building Leadership for Youth:
A Shared Vision

Lilly Endowment Leadership
Education Program

September 30, 1986

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Center for Early Adolescence

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 017127

Copyright the Center for Early Adolescence, 1986.
All rights reserved, text may not be reproduced or reprinted without expressed written permission of the publisher.

BEST COPY AVAILABLE

A PORTRAIT OF YOUNG ADOLESCENTS IN THE 1980's

I've interpreted my task today to be that of portrait painter. You are interested in what it means to come of age in 1986. How has "growing up" been redefined for a generation of young people who are moving from childhood to adulthood? What do we need to know about those youngsters who are becoming adolescents in the 1980's -- so we can advocate effectively on their behalf?

The Census Bureau tells us that as of July 1, 1984, there were 21,251,000 10- to 15-year-olds in the United States. Who are these young people? Who are they physiologically, psychologically, intellectually? Who are they in the context of their homes, their schools, and their communities? My goal today is to paint for you a sketchy portrait that depicts the early adolescent age group in this decade. My brushstrokes are not original art, and my palette is incomplete. I will simply report to you on many researchers' investigations of young people.

For many weeks, several energetic Center for Early Adolescence staff members have searched for reliable information in the vast array of literature that flows each day into our information system. We have combed vital statistics reports, research journals, newspapers, and magazines. In fact, the information flow has been so dense that for the past several days, I have sat at a computer, sifting through hundreds of notecards, surrounded by piles of xerox copies, thinking, "How can I present a portrait of today's young adolescents that breathes depth, dimension, color and life into statistical data?"

I will need your help with that challenge. My intention today is to give you some of the pieces of a vast puzzle that depicts young adolescents in a variety of familial, social, cultural, geographic, and economic settings. Together, we will have the precious luxury of time to examine the fragments and try to piece together the whole. Our goal is to forge a vision that will guide us as we attempt to help others.

You've no doubt heard the old story about the child who miraculously put a complicated world-map puzzle together in a matter of seconds. He explained his success this way: "Oh, it was very easy. There was a picture of a kid on the other side of the map. I put the kid together, and the world came out all right."

You and I are here today because we are dedicated to putting the child together so the world will come out all right. Many of you have spent your professional lives

working with teenagers. Whether you have read the research or not, you know intuitively the extraordinary diversity and the heightened vulnerability of the early adolescent age group.

Let's begin, then, with an overview of what is known about the physical, socioemotional, and cognitive growth of young adolescents. Remember, as we do this, that it is difficult to utter universal truths about an age group so diverse and so rapidly changing. Also, it is difficult -- no, downright impossible -- to put a topic like physical development under the microscope, and set social, emotional, and intellectual concerns off to the side of the laboratory table. Young adolescents are growing in all these spheres at varied internal rates and in different external environments.

→ Keep in mind, too, that the adult world shares many myths about teenagers. In your work you are undoubtedly called upon to shatter some of those myths. So I'd like to dispel a few as we go along. For example, there is the myth that all young adolescents are "children" -- and the equally dangerous myth that they are all sexually active adults. Neither is true. What is true is that our knowledge of a young adolescent's chronological age tells us little about that individual's maturity or lack thereof. What we do know is that <u>roughly</u> between the ages of 10 and 15 young people begin the physical changes that will lead them unalterably toward adulthood.

The growth chart (attachment A) will help us to see the diversity in girls' and boys' physical changes. Note the wide range in onset of normal development. Let's take, for example, the growth spurt in girls. For some, rapid growth in height may begin as early as the fourth or fifth grade, while for others, the height spurt will not begin until they are finishing junior high school. For boys, the onset of the growth spurt occurs later, also with wide normal variation. Thus, some boys may begin the spurt in sixth or seventh grade, but others will not begin until they are well along in high school. On the average, girls' growth spurt occurs two years earlier than boys'. Walk into a classroom of young adolescents and you can witness wild diversity -- perhaps as much as a 6-8 year difference in physical maturity, even though their chronological ages are the same. Each of us no doubt remembers -- either personally or through the experiences of our friends -- the young person who experienced the exquisite pain of being "too tall" or "too short," the girl who walked hunched over, trying to appear shorter, or the boy who worried endlessly about being shorter than his agemates. These young people, and others who are experiencing the changes of early

adolescence are consumed with one major concern: "Am I normal?"

In addition to showing you the normal range of the onset and completion of the growth spurt, the chart points out what is for young people at once the most interesting and the most worrisome part of their physical development -- the emergence of secondary sex characteristics: breast development, pubic hair, growth of the penis and testes. During early adolescence, young people for the first time develop the capacity to reproduce. Many adults think that most young adolescents exercise that ability, becoming sexually active at a very early age. In fact, that assumption may have led to R.I. Fitzhenry's claim that "The teenager seems to have replaced the Communist as the appropriate target for public controversy and foreboding."

In truth, the Guttmacher Institute tells us that at age 13, 49 out of 50 girls are <u>not</u> sexually active. At age 14, nine out of 10 are not having intercourse; and by age 15, four out of five are still sexually inexperienced (Alan Guttmacher Institute, 1981). The data tell us that more young people are experiencing sex at an earlier age than in the past; however, we do not know <u>how</u> sexually active these young people are. As Zelnik and Kantner point out, a girl who has sexual intercourse once and then abstains is statistically "a ruined woman" (1980).

As youth advocates, you have a difficult task: walking the balance beam between adults' notions and myths about teenagers and the reality of adolescent life. Let me give you an example of the potential differences between notions and reality. In a recent study of students in an urban, working-class junior high school, students reported that they were as worried about dental problems as they were about sex, and they also were quite concerned about other physical problems, like acne and nutrition (Sobal, 1985). Their teachers thought that 82 percent of the students (in contrast to the actual figure of 50 percent) had a high degree of concern about sex. They also thought that students were mighty worried about pregnancy, drugs, and venereal disease, topics that didn't even make the students' list. What does this discrepancy tell us about the differences between young adolescents' real inner lives and the lives that many adults imagine they are leading?

Think for a moment of the vast array of physical changes that young adolescents experience:

rapid growth
menstruation
ejaculation

body hair growth (underarm, pubic, etc.)
increased musculature
breast development
oil & sweat glands working overtime

These changes do not occur smoothly and seamlessly. For some, there are added complications, such as acne, scoliosis (more common in girls) or gynecomastia (boys), amennorhea or menorrhagia, or obesity, which affects one out of every five teenagers (Environmental Scanning Report, 1985).

What's more, these changes are not occurring in isolation. They are accompanied by a multitude of socioemotional and intellectual changes. Goldberger and Breznitz point out that early adolescence is especially stressful because while all the biological changes are occurring, young people are experiencing many other shifts -- perhaps to new school structure, to new family roles, to religious rites of passage that acknowledge new status (such as confirmation or Bar Mitzvah) (1982). Diana Baumrind tells us that pubertal changes can cause "dramatic discontinuities in body image" -- for example, gangly legs or arms out of all proportion to the trunk of the body, or a long nose temporarily out of all proportion to the face -- so that at the very time when a young adolescent begins to become more self-aware and more self-conscious, he or she really is less physically attractive and has something to be self-conscious about (1986)! And that self-consciousness is probably intensified by the increasingly pronounced emphasis on bodily perfection: growing up with an imperfect body is harder to do in the 1980's than it was for me in the 1940's and '50's.

Look at the percentages of girls and boys who are concerned about their looks in early adolescence. By eighth grade, more than two-thirds of the girls, and almost half the boys, said they were worried quite a bit or very much in a table provided by the Search Institute (Appendix B, 1984).

Small wonder, then, that disturbances in self-esteem are one example of the socioemotional changes of early adolescence. These disturbances are temporary, a normal reaction to integrating many changes at the same time. Perhaps we can best compare the disturbances to a figurative "rocking of the boat" -- after the boat has been tossed and turned in the water, it takes a bit of time to regain its equilibrium. So, too, with the young adolescent. It is no surprise, then, that young people become egocentric at this time of life. I can recall a time in my own early adolescence when I spent many solitary moments at my mirror, contemplating each pimple,

watching myself cry after an argument with my mother, considering the fact that no one was more misunderstood than I. I didn't know it then, but I was illustrating what Elkind calls the "personal fable" -- a tendency of young adolescents to make up stories of their own uniqueness, their own exquisite suffering (1967). Not only do they tend to fantasize about themselves, they are likely to think that others are as preoccupied with themselves as they are. They have not learned to differentiate between their own preoccupation with self and the awareness of others. Do you recall that time in your life when you thought that everyone watched your every move, heard your every word, and caught your every mistake as carefully as you did? No wonder we wanted to look, dress, and talk like our friends, rather than stand out in glaring contrast to our peer group.

This is not to say, however, that adolescence is any more pathological time in human development than old age or middle age, for that matter. Approximately 20 percent of the general American population suffer from severe emotional distress; the same figure holds for the adolescent population, as well (Offer et al., 1981). Despite this reassuring fact, there has been a 350 percent increase in the number of adolescents admitted to private psychiatric hospitals between 1980 and 1984 (American Academy of Child Psychiatry, 1986). This is a frightening phenomenon. It plays upon many of the myths that harm young adolescents. Have you seen the television ads? In effect, they tell parents, "Having some temporary disequilibrium in your family? Check your teenager into our facility. Your insurance will pay for it."

In reality, according to Offer, about eighty percent of all adolescents, the same figure as for the adult population, are progressing normally -- without the pathological storm and stress (or "sturm und drang") that is yet another myth about the teenage years. Of that normal 80 percent, Offer tells us, about 30 percent experience serene, continuous development; they grow and change in a smooth and easy way. About 40 percent of the 80 percent experience surgent development; that is, they progress by starts and stops, seemingly quite adult one day, inordinately childish the next. And finally, about 30 percent of the healthy 80 percent experience tumultuous behavior -- occasionally stormy, perhaps, but not pathological.

Adolescent socioemotional development is also characterized by a desire for competence and achievement. As we travel around the country, assisting people who work with young adolescents, we often ask them to conjure up pleasant and unpleasant memories of their own

adolescence. Inevitably, the unpleasant memories are closely associated with body image. Almost as often, the pleasant memories have to do with feelings of competence -- scholastic achievement, prowess in sports, talent in the arts. As young people develop new interests and skills in early adolescence, these competencies and the recognition they receive help to counterbalance the disturbances in self-esteem: they serve to right the rocking boat.

Many young adolescents are hungry for ways to put their new talents and abilities to use. While rapid change does not lend itself to long-term commitments, young people are ideally suited for short-term commitments -- and an awakening social consciousness evokes their desire to help others. Unfortunately, another of the adult world's myths about the age group acts as a barrier to putting their skills to use: many adults believe that young adolescents are too irresponsible, too klutzy, too incompetent to serve as volunteers or modern-day apprentices.

I called the National Center on Volunteerism a few years ago to find out whether they knew of any projects that involved early adolescent volunteers. The person at the other end of the line snapped at me: "Of course not. They are too young and irresponsible." Similarly, when a colleague and I went to ACTION, the national volunteer agency, a few years ago, we asked why the Young Volunteers in Action program had selected age 14 as its minimum age limit. The individual who had written the agency's request for proposals answered us very simply, "Oh, I was sitting in front of my typewriter, and 14 was the first number that came to mind."

How unfortunate we and young adolescents are that we are not more frequently tapping their new talents to enhance our communities. Too often, whether because we buy into the myth that this is an intransigent age group, or because we simply overlook young adolescents' needs, we deny them opportunities to "right the rocking boat." Still, excellent exceptions do exist. In Seattle, 40 young people serve on the city's KidsBoard, helping to improve the city's services to children and families. In Fairbanks, Alaska, last summer, I saw young adolescents teaching children and young adults to read -- helping them make significant gains, I might add. Hospitals have for years known the gold mine that existed in the early adolescent age group, and many enthusiastic young Candystripers have learned work skills as they helped patients. And what would our nation's young parents do without the skills of thousands of proficient early adolescent babysitters? Could young teenagers really be

that irresponsible if we're ready to entrust our precious offspring to them?

In early adolescence, too, young people begin a limited quest for autonomy. I say "limited" because they clearly do not want complete independence from us adults. I recently read three fascinating studies of peer influence vs. parent influence in young adolescents (Arora, et al, 1985; Smith, 1985; Thompson, 1985). Each study was undertaken in a different country -- Scotland, India, and the United States -- but the findings were remarkably similar. Now, you and I know the myth: young teenagers are victims of the tyranny of the peer group. Quite the contrary! The researchers discovered that young adolescents agree with their parents' views far more often than they disagree. Reporting on his American study, Dennis Thompson tells us that young adolescents chose to accept the wishes of their parents more often than their peers on 14 of 18 questionnaire items, including church attendance, how late to stay out, opinions of people, and counsel on personal problems. Peers influenced choice of TV programs, preference in music, choice of reading material, and preference in sports. In other words, peers were chosen for items involving the use of free time; parents were chosen for items involving the development of long-term values. As they get older, teenagers are increasingly susceptible to peers' views on matters of external behavior, such as dress and hair style, but they are still interested in parents' approval, and their values reflect those of their parents. In fact, in a national sample of 12- to 17-year-olds, teenagers cited their greatest fear: loss of a parent (Environmental Scanning Report, 1985). And in the World Almanac's annual survey of teen heroes, American mothers ranked right up there with Eddie Murphy, Ronald Reagan, Prince, Sylvester Stallone, and Mary Lou Retton ("Teen Heroes", 1985). Clearly, while young people want limited autonomy from adults, they are not ready to cut the cord -- not yet.

We've touched on some of the physical and socioemotional changes of early adolescence, but we have not yet considered one of the most significant changes that begins during this period of life: the onset of formal operational thinking. In other words, just as young adolescents are adapting to biological changes and social changes, they must also adapt to cognitive changes, and these shifts in manner of thinking inevitably have an impact upon their attitudes toward biological and social growth. But what is this shift to formal operational thinking skills? How can we see it in young people's behavior?

In early adolescence, those who will make the transition from concrete thinking skills to higher level abstract thinking skills begin the shift (Sprinthall, 1985). It does not occur overnight, nor does the shift occur in all human beings. About two-thirds of the adult population attain formal operational thinking. With the onset of formal operational thinking, young people can begin to reason, playing with multiple combinations of solutions to problems. For example, if you ask a younger child to find ways to arrive at the number 6 through addition, subtraction, and multiplication, the youngster will solve the problem through trial and error. The adolescent may be able to discover the solution using abstract reasoning. These new thinking skills enable the young person to become more introspective, to think about "what if" questions, to appreciate humor, including puns and double entendre, or even to appreciate the beauty of a metaphor. In addition, those who develop formal operational skills gradually become able to conceptualize. Some parents see this new skill revealed in an excess of daydreaming, or increased criticism, as the parent is compared to the ideal parent of the young person's fantasy. We may hear the new thinking skill in young people's complaints about school or their friends, neither of which may live up to a conceptualized ideal (Newman, 1985).

While formal operational thinking <u>begins</u> in early adolescence, it is by no means firmly established at that time. More likely, a greater degree of formal operational thinking skills is not in evidence until some time in middle adolescence (Sprinthall, 1985). Thus, the same young person who can understand a mathematical hypothesis or the double entendre of a joke may be unable to assess the risk of having sexual intercourse without contraception, or the danger of riding a bike after dark without headlights. I recently attended a meeting of the Children's Defense Fund's Adolescent Pregnancy Prevention Task Force, and I viewed CDF's new pregnancy-prevention media campaign. First I saw the poster that adults had selected <u>for</u> teenagers: it depicted a teenager holding a baby, and the message said something about signing your life away for 18 years if you have a child. Then I saw the posters that teenagers had selected: one showed just the bare, very pregnant life-size belly of a teenager (with navel squarely in the center of the photo). The caption suggested that if you're not pregnant and are concerned about looking good in clothes, think about what it would be like to be pregnant. The first poster -- with the life sentence of 18 years -- was chosen by people who have the skill to assess risk in terms of long-range future liabilities. That is a skill that many young adolescents do not possess. The second photo appealed to the thought processes of a young person who

is very concerned with the here and now. If adults will allow it to be displayed (and that's a big if), I believe it will have impact.

It is important for us to be able to explain to adults the difference between the emergence of formal operational thinking and the universal ability of the young adolescent to apply those skills to every situation. Efforts to curb teenage smoking seem to have been successful when the anti-smoking campaign emphasizes how detrimental smoking is to one's physical appearance (it stains your lips, your breath smells, your teeth turn yellow). Contracting lung cancer 20 years from now is of less concern to someone who is just learning to conceptualize a personal future, and who believes in the personal fable, "It can't happen to me."

We who care about young adolescents must help to dispel the myth that all young people think like adults. Some do, many don't. No matter how sharp their wit or how keen their intelligence, most young adolescents lack the experience to see the cause-and-effect relationships in their own behavior. Their moral judgments tend to be harsh; they have not yet learned to see moral problems in shades of grey. Carol Gilligan tells us that at least by age 11, children can seek solutions to moral problems in terms of justice (or what they believe is right and fair) and care (how they believe they can respond to need). Girls tend to seek the care solution; boys, the justice solution, but both sexes can switch orientations -- that is, they can find more than one solution to a problem (1986). Lacking experience, young adolescents form moral judgments that tend to be both idealistic and authoritarian. In setting their own rules, they are likely to seek harsher punishments than adults might favor. They may also question parents' values (but not necessarily reject them) or attack the hypocrisy or fairness of their schools or religious institutions.

Not only do young adolescents want the support of adults, they need us. Contrary to the myth that this age group is powerful and adult-rejecting, they are vulnerable and they want adults who will listen to them and care about them. As they begin to try on new identities, as they consider who they are as a man or a woman, or a member of a racial or ethnic group, they need our guidance and understanding.

In short, they are growing up in a time when they are more likely to be harmed than to do harm. Yet the myth perpetuates that we are we and they are them, to be feared and not to be trusted.

Let's turn to some adult fears for today's young people. Many are not unique to our generation. In fact, almost 400 years ago, Shakespeare wrote, in The Winter's Tale, the following lines:

> I wish there were no age between ten and three-and-twenty, or that youth would sleep out the rest; for there is nothing in the between but getting wenches with child, wronging the ancientry, stealing, fighting.
>
> (Act III, sc. 3, lines 58-62)

Could those lines not have been written by a member of our adult generation, about the teenagers of the 1980's? Let us consider just one of Shakespeare's laments -- "getting wenches with child." Today, teenage pregnancy is a major national problem (Attachment C). In the most recent report of pregnancies, live births, induced abortions, and fetal deaths associated with women under age 15, it appears that the rates are consistent with previous years in this decade (Monthly Vital Statistics, 1986). More recent information shows that live births are up slightly for the early adolescent age group. For women ages 12 - 14, other less recent data tell us that the pregnancy rate rose from 3.9 per 1,000 in 1974 to 4.3 per 1,000 in 1980, over a 10 percent increase ("Teenage Pregnancy...", 1985). Of course, the rate for females in the 15-19 year-old age group is much higher.

Infant mortality for babies born to mothers 15 and under is more than two times that for mothers in their 20's. Live births for this age group have a higher incidence of birth defects. Teen mothers have an 80 percent school dropout rate, and a seven times greater incidence of attempted suicide than that of other females their age who have not had children (McKenry et al., 1979).

The Center for Population Options reported this year the cost to the public of teenage childbearing. The pricetag in 1985 was $16.65 billion (Burt, 1986).

That's the public cost. What of the private cost of futures lost to mothers and their babies?

One can hardly discuss teen pregnancy without turning to a discussion of schooling. I mentioned the high risk of school dropout among childbearing teenagers (or, some say, the high risk of childbearing among girls who have decided they have no future in school). The 80 percent of those mothers who will drop out of school, will join thousands of other young people who will not graduate in this decade of the 1980's. Every year,

approximately 700,000 students drop out, and another 300,000 become chronic truants who are greatly at risk of school failure (Institute for Educational Leadership, 1986). Not surprisingly, there appears to be a high correlation between economic status and teenage motherhood, as well as between economic status and school dropout (Starr, 1986). The Children's Defense Fund tells us that -- regardless of race -- students from poor families are three to four times more likely to drop out of school than those from more affluent households (Children's Defense Fund 1986). Similarly, disadvantaged young women are three to four times more likely to become unwed mothers -- again, regardless of race -- than are their more advantaged peers.

What does our national student body look like? Education Week (Attachment D) recently described the more than 3.6 million children who began their formal schooling in the U.S. this past month. Of this new crop of students:

- 1 of every 4 lives in poverty
- 14 percent are the children of teenage mothers
- 15 percent are physically or mentally handicapped
- 15 percent are immigrants who are not native English speakers
- 10 percent have poorly educated or illiterate parents
- 25-33 percent are latchkey children
- 25 percent or more will not finish school (May 14, 1986)

While the numbers tell us that one-fourth of this year's entering students will not graduate, that is not the full story. About one-half of the students in the inner cities will not graduate (Thomas, 1986). Signs of stress are even greater among some minority inner-city residents. For example, 85% of native Americans living in urban settings will not graduate from high school (National Coalition of Advocates for Students, 1985). And what is the major reason that students give for dropping out of school? First, they did not like it, we are told in a recently published national study of school dropouts (Ekstrom et al., 1986). Second, they received poor grades.

Many received poor grades and did not like school because they could not read. In the Center for Early Adolescence's national Project on Adolescent Literacy we have interviewed many students who were learning to read in special programs, outside their schools or outside their regular classrooms. "Why are you learning to read here, and not in school?" we asked them. Their most frequent reply: "Because it's not like school." Many <u>are</u> learning to read in school. For those who are not, we want and need to learn more about appropriate interventions at the middle-grade level, when young people make the transition from learning to read to reading to learn.

Let's leave schools for the moment, while I throw some other numbers of the 1980's at you. Let's turn to home and families and examine what the data tell us about these parts of the early adolescent puzzle. Two of the most dramatic changes in families in the past few decades have been the increases in maternal employment and the restructuring of the family unit. Let me give you some examples. "In 1955, 60 percent of the households in the U.S. consisted of a working father, a housewife mother, and two or more school age children. In 1980, that family unit was only 11 percent of our homes, and in 1985 it is 7 percent" (Institute for Educational Leadership, 1986).

Nearly seven out of 10 mothers of children aged 6-17 were in the labor force by March 1985, the Bureau of Labor Statistics tells us. Many of those mothers are single parents; by 1990, half of all families will be headed by a single parent. Even in two-parent families, almost six of every 10 mothers of children under age 18 are now in the labor force. These numbers paint pictures of stress for mothers and children, as more and more young people must assume the responsibility for self-care or the care of siblings in the after-school hours. In fact, the House Select Committee on Children, Youth and Families reported in 1984 that three-fourths of the 13- to 14-year-old latchkey children in the U.S. are in self-care or with a younger sibling more than 10 hours a week. (U.S. Cong., 1984).

All too few American communities have responded to the need of young people and their parents for more programs to enhance the after-school hours. And there is little research outside of the mixed results of recent latchkey studies to show the impact on young adolescents of increased doses of time spent without adult nurturance and supervision.

Ideally, the after-school period should be a time when young people forge a sense of connectedness and

participation in their communities. Ideally, they should become involved with positive programs and institutions that widen the breadth of their experiences.

A few recent studies reveal a faint picture of how young adolescents spend their time when they are not in school. For example, there is evidence of increased interest in religion among our nation's adolescents and growing involvement in religious institutions; in fact, a 1984 Gallup Poll revealed that 65 percent of students in grades 7-12 attended church regularly in 1983, while in 1973, only 25 percent attended regularly ("At Eastertide...", 1984).

The media also occupy an important chunk of young people's time out of school. Some studies show that television is still popular in early adolescence, with radio becoming much more important to older adolescents. Interestingly, the image of the latchkey child returning home after school to the companionship of the "boob tube" is only partially correct: in fact, children whose mothers are at home appear to watch slightly more hours of TV per week than their latchkey peers. According to a National Time Study, children of employed mothers spent an estimated weekly average of just under 15 hours, while children of full-time homemakers watched over 16 hours ("How Families Use Time").

And what are they watching? By the age of 14, the average young person has witnessed 11,000 murders on TV (Starr, 1986). On music videos, the new (but possibly passing) fad, over one-half the videos contain violence, and over three-fourths of these violent videos also include sexual imagery. In fact, 60 percent of the videos portray some sexual feelings or impulses, and over one-fourth of the characters are dressed in a sexually provocative fashion (Brown, 1986).

On the TV soap operas, which are very popular with the age group, young adolescents hear about one and one-half verbal mentions of intercourse in an hour, one visual implication of intercourse every two and one-half hours, and one reference to rape every 11 hours. Sexual activity among those not married to each other occurs at four to five times the rate found among married partners. In a six-month period on one soap opera, the show's characters went through eight divorces, two bigamous marriages, four separations, the planning of six divorces, and 21 couples were living or sleeping together out of wedlock (Brown, 1986).

Unfortunately, all too little is known about the after-school lives of 10- to 15-year-olds. Some young adolescents are competent to take care of themselves and

siblings in the after-school hours, depending on their level of maturity, where they live, and their relationship with neighbors, parents and siblings. But many lack the experience, judgment, and social skill to sustain large doses of loneliness and adult responsibility. It is not surprising that we are seeing increases in accidents and injuries to children under age 15. Accidents are the leading cause of death for 10- to 14-year-olds, accounting for about half the deaths in this age group (Johnson, 1986). And for each fatal injury to a child this age, there are 10 serious injuries often leading to permanent disability (Cataldo, 1986).

Youth employment is one popular after-school activity, and it is not without risk, though we seldom include it in lists of adolescent risk-taking behavior. American youth are employed at rates unparalleled in other industrialized nations. For example, in comparison to Japanese teenagers, American sophomores are 25 times more likely to work; American seniors are 33 times more likely to work (Reubens, et. al., 1981). Not surprisingly, the number of injuries related to teenagers' jobs is on the rise. Work-related injuries now account for 25 percent of adolescents' accidents. In addition, these injuries account for longer hospital stays than the other types of typical injuries, from sports and motor vehicle accidents (Gallaher, 1986).

So teenagers are working more (though unemployment of minorities remains high), getting hurt more, and probably as likely to be injured making french fries behind a fast-food counter as they are on a football team.

We have all been concerned of late with another potential cause of fatal injury in young adolescents -- suicide or attempted suicide, and the suicide clustering phenomenon. During the period from 1970 to 1980, the overall suicide rate for all ages changed little, but the rate for younger persons increased. Suicide is now the third leading cause of death among American young people. Recent studies at the University of California and Columbia University suggest that teenage suicides and attempts show a statistically significant increase during the periods after nationally televised news and newspaper feature stories on the topic -- even when preventive material is included (Gould, 1986).

As I share these alarming statistics with you, I run the risk of encouraging you to share the myths that often bar appropriate attention to the early adolescent generation. But I believe that your work enables you to know the the potential sources of distress and alien-

ation, as well as to understand the significant strengths of the age group. We cannot ignore signs of stress, but we should not brush significant gains under the carpet. Statistics can be used to frighten or to give hope. For example, let's look at some drug use statistics (Attachment E). They give us bad news and good news (Johnston, 1984). First the bad news: Americans ages 12-17 are still using dangerous substances. But the good news is that use of marijuana, cigarettes, sedatives, barbiturates, and tranquilizers is down. We need to continue to encourage vigilance about early initiation to alcohol use, since it appears to be the entry drug that precedes other substance abuse (Welte and Barnes, 1985). For young adolescents, especially girls, cigarettes are also an entry step (Welte and Barnes, 1985). Substance abusers report that they began using dangerous substances at an earlier age. For example, in the 1982 National Survey on Drug Abuse, 10 percent of 12-13 year olds reported having drunk alcoholic beverages within the month preceding the survey. Some of that imbibing may be the normal one-try-behind-the-barn risk-taking of early adolescence; it may not be indicative of dangerous substance abuse. What is possibly more significant is the fact that in retrospective reports, many older adolescents reported that they had started drinking as early as age 13 -- about 30 percent of boys and 22 percent of girls were already drinking by that age ("Many Fail To See...", 1986).

And there are new substances that draw our attention in the media: among narcotics, crack; among tobacco products, smokeless tobacco, which has been linked to disfiguring cancers of the mouth and jaw. Over 11 percent of rural North Carolina seventh graders (almost all of them males) report that they have <u>used</u> smokeless tobacco, but fortunately, only 1.3 percent report daily use (Dignan, 1986). In a statewide Texas study, 35 percent of adolescent cigarette smokers and 55 percent of the smokeless tobacco users told researchers that they began use before age 13.

I am concerned that there has not been enough research to uncover the multiple wounds from which many young people suffer. Gradually we are learning of the links between poverty and pregnancy, or the triple whammy of pregnancy, poverty, and dropping out, or depression and poverty and pregnancy... Recent research has pointed to the relationship between child abuse and drug abuse, as well.

Yet the extent of abuse of adolescents is not fully known. For example, studies of the proportion of abused adolescents among the runaway population have estimated that as few as 8 percent or as many as 78 percent of

runaways are abused (Farber and Joseph, 1985). Since abused adolescents are more likely to be relatively equal in size (if not in strength) to their abusers, what actually constitutes abuse lacks clear definition. Nonetheless, the U.S. Dept. of Health and Human Services reported in 1982 that almost one-fourth of the fatalities and serious injuries that resulted from reported child abuse cases occurred in children ages 12-17. Adolescent females are twice as likely to be abused as males; in fact, the ages of 14-15 are a peak period of abuse for females (Farber and Joseph, 1985).

Unlike pregnancy and school dropout, adolescent mistreatment is NOT strongly related to socioeconomic status. But it is linked to other forms of alienation and stress, such as delinquency, retaliatory assaults, and suicide (Garbarino, 1980). Usually, abusers are family members; occasionally, they are themselves teenagers who are the abusers of younger siblings.

If we listen carefully to Shakespeare's plea that all youths over age 10 and under 23 go to sleep for 13 years, we can appreciate that many of the changes, stresses, strains, and achievements of adolescents are not new. But there is a new pressure to do a better job of rearing our young, because they are becoming a commodity too valuable to waste. If we cannot reach the social concern of the adult world by preaching about their obligation to the next generation, perhaps we can appeal to their self-interest. But let me quote to you from a recent edition of Education Week ("Here They Come.....", 1986), in which the following thought-provoking statements appeared with the question, "Who's Dependent on Whom?"

> In 1983, we passed a demographic watershed. For the first time in our history, the number of Americans over age 65 surpassed the number of American teenagers...Today, about 1 out of 10 Americans is 65 or older; by 2030, 1 out of 5 Americans will be over 65. (p. 20)

In other words, we are likely to have an insufficient number of young adults to support social security for the nation's elderly. With a smaller labor pool to support us in our old age, we cannot afford a large youth population who fall by the wayside and cannot function effectively in the world of work.

In 1950, there were 17 American workers who contributed through Social Security to the pension of each retiree. Today, 3.4 workers are paying toward the pension of each retiree. Demographers predict that soon after the turn of the century, the number of workers sup-

porting one retiree will be ONE AND ONE-HALF. As you can see from the statistics, chances are great that those workers supporting us in our retirement will be children of poverty. In fact, the chances seem to get better each year: in 1983, for example, 20 percent of all children under 3 lived in poverty; by 1984, the percentage had swelled to 25 percent (Bronfenbrenner, 1985).

I am at once proud and optimistic about the signs of vitality in our nation's young, and fearful for their and our future. Young people are being exposed to risks that threaten their future at a much younger age, when they lack the knowledge, judgment, and experience to foresee the consequences of life-threatening and future-threatening decisions. We have the task of advocating for those who are powerless to make decisions, who are the victims of ill health, deprivation, or neglect. We have a responsibility to work toward improving the quality and availability of services for young adolescents, because they are at a critical gateway at which appropriate intervention can open the path toward lives of productive work, joyful play, and abundant health and love.

Leah Lefstein
Center for Early Adolescence

BIBLIOGRAPHY

Alan Guttmacher Institute. Teenage Pregnancy: The Problem That Hasn't Gone Away. New York: The Alan Guttmacher Institute, 1981.

American Academy of Child Psychiatry. "Teenagers are Focus of Mental Health Month." News Release. Washington, D.C.: American Academy of Child Psychiatry, May, 1986.

Arora, Meenakshi, Reeta Verma, and Padma Agrawal. "Parent and Peer Conformity in Adolescents: An Indian Perspective." Adolescence, 20 (1985), 467-478.

"At Eastertide, a Resurgence of Religion." U.S. News & World Report, 96, No. 17 (1984), 82-83.

Auerback, Stephanie K., et al. "Impact of Ethnicity." Society, 3 No. 1 (1985), 38-40.

Baumrind, Diana. "A Developmental Perspective on Adolescent Risk-Taking in Contemporary America." Proc. from the invitational conference of the Society for Adolescent Medicine on Health Futures of Adolescents. 2-5 Apr. 1986. Daytona Beach, Fla.

Blum, Robert W., and Trisha Stark. "Cognitive Development in Adolescence." Seminars in Adolescent Medicine, 1 (1985), 25-32.

Bronfenbrenner, Urie. "The Three Worlds of Childhood." Early Childhood Education, (May 1985), 57-61.

Brown, Jane D. "Does the Media Environment Affect Young People's Behavior?" Carolina Family, (Summer, 1986), 3.

Brown, Richard C. et al. Position Paper on Driver Education. Society for Adolescent Medicine. Journal of Adolescent Health Care, 5 (1984), 230-232.

Burt, Martha. Estimate of Public Costs for Teenage Childbearing: A Review of Recent Studies and Estimates. Washington, D.C.: Center for Population Options, 1986.

Cataldo, Michael, et al. "Childhood Injury Control." In Child Health Behavior: A Behavioral Pediatrics Perspective. Ed. Norman A. Krasnegor, Josephine D. Arasteh, Michael Cataldo. New York: John Wiley, 1986, pp. 217-253.

Cantor, Pamela. "How To Stem the Tide of Youth Suicide." Children and Teens Today, 5, No. 12 (1985), 2.

Children's Defense Fund. A Children's Defense Budget: An Analysis of the FY1987 Federal Budget and Children. Washington, D.C.: CDF, 1986.

Dasen, P.D. "Cross Cultural Piagetian Research: A Summary." Journal of Cross Cultural Psychology, 3 (1972), 23-29.

Dignan, Mark, et al. "Locus of Control and Smokeless Tobacco Use Among Adolecents." Adolescence, 21 (1986), 377-381.

Ekstrom, Ruth B., et al. "Who Drops Out of High School and Why? Findings From a National Study." Teachers College Record, 87 (1986), 356-373.

Elkind, David. "Egocentrism in Adolescence." Child Development, 38 (1967), 1025-1034.

Environmental Scanning Report, 1985. New York: Girl Scouts of the U.S.A., 1985.

Farber, Edward D., and Jack A. Joseph. "The Maltreated Adolescent: Patterns of Physical Abuse." Child Abuse and Neglect, 9 (1985), 201-206.

Fitzhenry, R.E. Barnes and Noble Book of Quotations. New York: Harper and Row, 1983.

Gallaher, S. Presentation at The University of North Carolina. 8 Sept. 1986. Chapel Hill, N.C.

Garbarino, James. "Meeting the Needs of Mistreated Youth." Social Work, 25 (1980), 122-126.

Gilligan, Carol. "Adolescent Development Reconsidered." Proc. From the National Conference of The Society for Adolecent Medicine on Health Futures of Adolescents. 2-5 Apr. 1986.

Goldberger, Leo and Shlomo Breznitz. Handbook of Stress. New York: The Free Press, 1982.

Gould, Madelyn S. and David Shaffer. "The Impact of Suicide in Television Movies: Evidence of Limitation." New England Journal of Medicine, 315 (1986), 690-694.

Institute for Educational Leadership, School Dropouts, Everybody's Problem, Washington, D.C.: IEL, 1986.

"Here They Come Ready or Not." Special Report. Education Week, (May 14,1986), 13-40.

"How Families Use Time." ISR Newsletter, Institute for Social Research, University of Michigan, (Winter, 1985-86), 3-4.

Johnson, Kay A. Building Health Programs for Teenagers. Washington, D.C.: Children's Defense Fund, 1986.

Johnston, Lloyd D., Patrick M. O'Malley and Jerald G. Bachman. Highlights from Drugs and American High School Students, 1975-1983. Rockville, Md.: National Institute on Drug Abuse, 1984.

Kohlberg, Lawrence. "Moral Education in the Schools: A Developmental View." The School Review, 74 (1966), 1-30.

"Many Fail To See Teen Alcoholism." Children and Teens Today, 6, No. 11 (1986), 7-8.

Lewin-Epstein, Noah. Youth Employment During High School. Washington, D.C.: National Center for Education Statistics, 1981.

McKenry, Patrick, Linda Walters, and Carolyn Johnson. "Adolescent Pregnancy: A Review of the Literature." Family Coordinator, 28 (1979), 17-28.

Monthly Vital Statistics. 34, No. 9 (Supplement) (1985).

Mood of American Youth. Reston, Va.: National Association of Secondary School Principals, 1984.

Morbidity and Mortality Weekly Report, 34, No. 24 (1985).

Morbidity and Mortality Weekly Report, 34, Nos. 18, 19 (1985).

National Coalition of Advocates for Students. Barriers to Excellence: Our Children at Risk. Boston, Mass.: NCAS, 1985.

Newman, Joan. "Adolescents: Why They Can Be So Obnoxious." Adolescence, 20 (1985), 635-645.

Offer, Daniel, E. Ostrov, and K.I. Howard. The Adolescent: A Psychological Self-Portrait. New York: Basic Books, 1981.

Reubens, B., J. Harrison, and K. Rupp. The Youth Labor Force, 1945-1985: A Cross National Analysis. Totowa, N.J.: Allanheld, Osmun, and Co., 1981.

Rutter, Michael. Changing Youth in a Changing Society: Patterns of Adolescent Development and Disorder. Cambridge, Mass.: Harvard Univ. Press, 1980.

Search Institute. Young Adolescents and Their Parents: Project Report. Minneapolis, Minn.: Search Institute, 1984.

Shakespeare, William. The Winter's Tale. Act III, Scene 3, Lines 58-62.

Smith, D.M. "Perceived Peer and Parental Influences on Youths' Social World." Youth and Society, 17 (1985), 131-156.

Sobal, Jeffery. "Students' Health Concerns: Junior High School Teachers' and Students' Perceptions." Youth and Society, 17 (1985), 171-188.

"Specialty Abstracts." Journal of the American Medical Association, 255 (1986), 542.

Sprinthall, Norman. "Early Adolescence and Opportunities for Growth in the 1980's." Journal of Early Adolescence, 3 (1985), 533-547.

Sprinthall, Norman A., and W.A. Collins. Adolescent Psychology: A Developmental View. Reading, Mass.: Addison-Wesley, 1984.

Starr, Jerold M. "American Youth in the 1980's." Youth and Society, 17 (1986), 323-345.

Tanner, James M. "Growth and Endocrinology of the Adolescent." In Endocrine and Genetic Diseases of Childhood. Ed. J. Gardner. Philadelphia: Saunders, 1975, pp. 14-64.

"Teen Heroes." Sources & Resources, No. 106 (1985).

"Teenage Pregnancy and Fertility Trends-United States, 1974 and 1980." Journal of the American Medical Association, 253 (1985), 3064-3065.

Thomas, Frank A. The New Demographics. New York: Ford Foundation, 1986.

Thompson, Dennis N. "Parent-Peer Compliance in a Group of Preadolescent Youths." Adolescence, 20 (1985), 501-507.

U.S. Cong. House. Select Committee on Children, Youth, and Families. Families and Child Care: Improving the Options. 98th Cong., 2nd sess. Washington, D.C.: GPO, 1984.

Welte, John W., and Grace M. Barnes. "Alcohol: The Gateway to Other Drug Use Among Secondary-School Students." Journal of Youth and Adolescence, 14 (1985), 487-498.

Zelnik, Melvin and John F. Kantner. "Sexual Activity, Contraceptive Use, and Pregnancy Among Metropolitan - Area Teenagers: 1971-1979." Family Planning Perspective, 12 (1980), 230-237.

Table I. The Events of Puberty in Girls

	Average Age	Normal Range of Onset Earliest Age	Latest Age
1. Beginning of breast development	11-1/4 yrs.	8-3/4 yrs.	13-1/4 yrs.
2. Appearance of pubic hair	11-1/2 yrs.	9 yrs.	13-1/2 yrs.
3. Beginning of most rapid growth	12 yrs.	10-1/2 yrs.	14-1/2 yrs.
4. First menstrual period	12-3/4 yrs.*	10-3/4 yrs.	15-1/2 yrs.

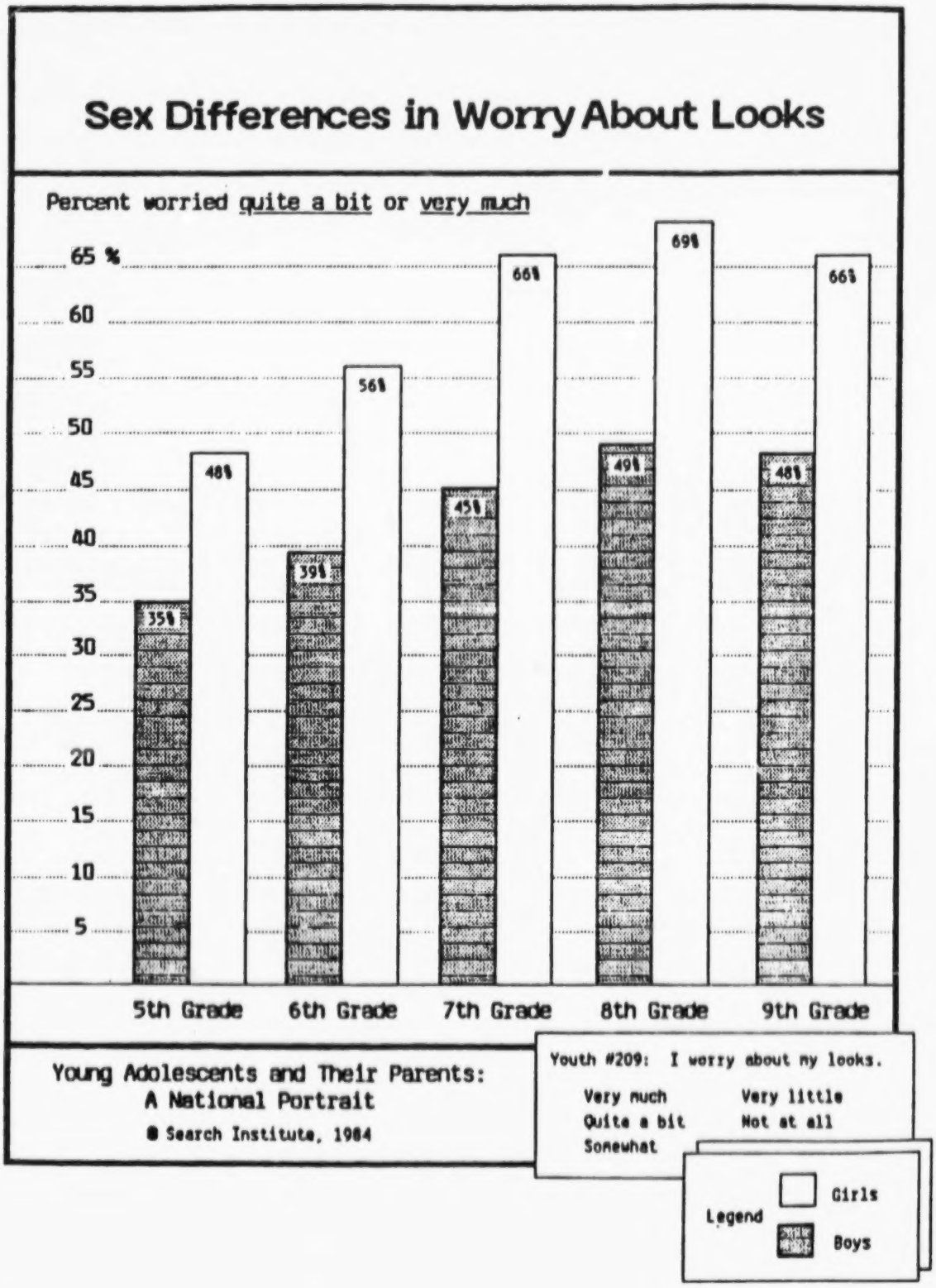
* There is some evidence to indicate that menarche occurs six months earlier for American girls.

Table II. The Events of Puberty in Boys

	Average Age	Normal Range of Onset Earliest Age	Latest Age
1. Beginning of enlargement of testes (becomes greater than 1 inch long)	12 yrs.	9-1/2 yrs.	13-1/2 yrs.
2. Growth of the penis	12-1/4 yrs.	10 yrs.	14yrs.
3. Appearance of pubic hair	12-1/2 yrs.	9-1/2 yrs.	14 yrs.
4. Beginnning of most rapid growth in height	14 yrs.	11-1/2 yrs.	16 yrs.

From Early Adolescence: What Parents Need to Know, by Anita M. Farel. Copyright 1982, Center for Early Adolescence.

These tables were prepared by Alan Cross, M.D. and Anita M. Farel, Ph.D. of the University of North Carolina at Chapel Hill, based on data from Tanner (1962) and Tanner and Whitehouse (1975).


Sex Differences in Worry About Looks
Percent worried quite a bit or very much
65 %
60
55
50
45
40
35
30
25
20
15
10
5
35%
48%
39%
56%
45%
66%
49%
69%
48%
66%
5th Grade
6th Grade
7th Grade
8th Grade
9th Grade
Young Adolescents and Their Parents:
A National Portrait
© Search Institute, 1984
Youth #209: I worry about my looks.
Very much
Quite a bit
Somewhat
Very little
Not at all
Legend
Girls
Boys

Most Recent Fertility Information for Under-15-Year-Olds

	RATE PER THOUSAND WOMEN			
	1976	1978	1981	1984
Pregnancies	3.2	3.2	3.1	----
Live births	1.2	1.2	1.1	1.2
Induced Abortions	1.6	1.6	1.7(up)	----
Fetal deaths	.4	.4	.4(steady)	--

(Other data holding constant or up slightly.)

Source: Monthly Vital Statistics Report, National Center for Health Statistics, vol. 35, no. 4, Supplement, July 18, 1986.

YOUTH AT RISK: Who Are They?

Of the more than 3.6 million children who began their formal schooling in the U.S. in September 1986:

- **1 out of 4 will be from families who live in poverty;**
- **14% will be the children of teenage mothers;**
- **15% will be physically or mentally handicapped;**
- **15% will be immigrants who speak a language other than English;**
- **10% will have poorly educated or illiterate parents;**
- **25-33% will be latchkey children;**
- **25% or more will not finish school.**

SOURCE: EDUCATION WEEK, MAY 14, 1986